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EXHIBIT 6



**TRAVIS COUNTY OFFICE
OF THE MEDICAL EXAMINER**

1000 E. 10TH STREET, SUITE 100
AUSTIN, TEXAS 78702
(512) 478-1000

MEDICAL EXAMINER REPORT

**WILLIAM SLADE SULLIVAN
WILLIAMSON COUNTY, TEXAS**

PA 14-03297

The postmortem examination was performed by Kendall V. Crowns, M.D., Deputy Medical Examiner, beginning at 10:30 a.m. on 8/20/2014, at the Travis County Medical Examiner Office, Austin, Texas, under the written authorization of Judy S. Hobbs, Justice of the Peace, Precinct 4, for Williamson County, Texas

EXTERNAL EXAMINATION:

The body is that of an adult well-developed, obese white male weighing 303 pounds, measuring 70 inches, and appearing the stated age of 44 years. The body is cold to touch. Rigor mortis is present to an equal extent in all joints. Postmortem lividity is well developed in the posterior dependent portions of the body.

The scalp hair is black/gray and short and there is anterior balding present. There is a black/gray mustache and beard present. The irides are brown, and the corneas have no arcus senilis. The sclerae are white. The conjunctivae are pink-tan and are free of petechiae. The ears are normally formed. The skeleton of the nose is intact. The nares are patent and the nasal septum is not perforated. The lips and frenula are free of injury. The oral mucosa is moist, pink-tan, and intact. The teeth are natural and are in good repair.

The neck is symmetric and the trachea is midline.

The chest and abdomen are symmetric. The abdomen is protuberant. There are striae present on the abdomen.

The upper and lower extremities are symmetric. The fingernails are short and clean. The legs exhibit edema and hyperpigmentation. The toenails are medium length and thickened.

The back is symmetric.

The external genitalia are those of a male and are free of injuries or lesions. The penis is circumcised. The testes are palpably descended. The anus has no external hemorrhoids, skin tags or obstruction.

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The body is identified by tags. Photographs, fingerprints and x-rays are taken.

IDENTIFYING MARKS, SCARS AND TATTOOS:

There is a tattoo of a sunrise with an anchor and a Texas and U.S. flag on the anterior lateral left arm. There is a tattoo of the comic book character Harley Quinn on the anterior lateral right arm. There is a tattoo of the comic book character cat woman on the anterior medial right arm. There are linear healed to healing scars present on the midline of the neck and the back.

CLOTHING:

The body is received wearing a hospital gown.

MEDICAL INTERVENTION:

There is a cervical collar present about the neck. There is a tracheostomy site in the neck, in the midline. There is an endotracheal tube present within the tracheostomy site. There is adhesive bandage present on the posterior base of the neck with ink writing of 7161600LGRN and a smiley face. There is a gastric tube in the upper left abdomen with the feeding tube extending into the greater curvature of the stomach. A medical identification band is present about the left wrist. There is a blood pressure cuff present about the right arm. There are needle punctures in the right wrist. A medical identification band is about the left wrist. There is a pulse oximeter on the right index finger. There is a Foley catheter present in the urethra. There is a fecal catheter present in the rectum attached to a plastic receptacle containing 250 cc of a green liquid stool.

Along the back at the distal aspect of the midline healing surgical scar there is a 6 1/8th x 2 1/4 inch open incision. The incision has an overlying sterile drape and contains surgical packing material and there is a drain in place. Within the incision there is pus that extends through the soft tissue and into the musculature of the mid back. There is extensive surgical intervention of the spinal column with orthopedic devices present from thoracic vertebra #4 to the pelvis consisting of multiple metal screws and metal.

EVIDENCE OF INJURY:

There is a 1/4 x 1/4 inch blue bruise on the upper right side of the chest. There is a 2 x 1 inch irregular purple bruise on the left abdomen. There are multiple yellow-orange plaques present on the base of the abdomen. There is a 1/4 x 1/4 inch purple bruise on the posterior left forearm. There are two ulcers on the posterior right thigh ranging in size from 1/2 x 1/2 inch to 1/8 x 1/8 inch.

There is a recent fracture of cervical vertebra #7 with hemorrhage present in the soft tissue.

There is a fracture of the proximal shaft of the left humerus with hemorrhage present about the fracture. _μ

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Due to extensive surgical intervention and healing of the spinal column as well as liquefaction/autolysis of the spinal cord the remaining trauma to the spinal column and cord is determined through medical record review. There is a clinical history of a transection of the spinal cord at the level of cervical vertebra #4, fracture extending through lumbar vertebrae #1 and #2 with associated complete transection of the spinal cord at this level, large hematoma at the site and severe impingement on the spinal cord at the level of thoracic vertebra #12 and lumbar vertebra #1.

INTERNAL EXAMINATION:**BODY CAVITIES:**

The organs are in their normal anatomic positions and have no neoplasm. The right and left pleural cavities have dense adhesions and no fluid. The abdominal cavity has dense adhesions and no fluid.

HEAD:

The scalp is not injured. The calvarium is intact. The brain weighs 1350 grams and exhibits mild edema. The gyri are flattened and the sulci are thinned. The leptomeninges are thin and transparent. No hemorrhage is in the epidural, subdural or subarachnoid spaces. The right cerebral hemispheres are slightly enlarged when compared to the left. Upon cut section there is a 1 x 1 inch area of intraparenchymal hemorrhage with the right parietal lobe of the brain involving the basal ganglia. The remaining gray matter is free of contusion and is clearly delineated from the white matter. The ventricles are not dilated and have normal choroid plexuses. The deep nuclei, hippocampi, and mamillary bodies are symmetric and normally formed. The substantia nigra is normally pigmented. The pons exhibits focal pin point hemorrhages in the parenchyma. The medulla is free of injuries. The cerebellum is normally formed and has normal folia and dentate nuclei. The vessels of the circle of Willis are patent and are free of atherosclerosis or abnormality. The anterior, middle, and posterior cranial fossae are free of fractures. The pituitary gland appears unremarkable within the sella turcica.

NECK:

The anterior cervical strap muscles are dissected in a step-by-step layer-wise fashion and fail to reveal any areas of blood extravasation. There is no blood extravasation in the pharyngeal tissues or prevertebral fascia. The hyoid bone, thyroid cartilage and cricoid cartilage are palpably intact. The larynx and trachea are lined with a smooth pink mucosa and are without obstruction, lesions or injuries. There are injuries of the cervical, thoracic and lumbar spine as previously noted. The cervical and thoracic spinal column exhibit kyphosis and the lumbar spinal column exhibit lordosis. There are numerous osteophytes present throughout the spinal column.

CARDIOVASCULAR SYSTEM:

The heart weighs 725 grams and has a smooth, glistening epicardium. The coronary ostia are patent and normally situated. The coronary circulation is right dominant and has marked atherosclerotic disease. The left anterior descending and left circumflex coronary arteries display 50% stenosis. Right coronary displays 25% stenosis. The left ventricular myocardium is red-brown, firm, and exhibits focal scarring. The left ventricle measures 2 cm in thickness. There is

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patchy hemorrhage along the posterior aspect of the left ventricle. The papillary muscles are red-brown, firm, and have no necrosis or scars. The posterior wall of the right ventricle has no fatty infiltration or scars. The chordae tendineae are thin, delicate, and separate. The mitral and tricuspid valves are normally formed and are free of significant stenosis, thickening, or ballooning changes. The aortic and pulmonic valves are normally formed and have no significant stenosis, calcifications or thickening. The aorta pursues its usual anatomic course and has mild atherosclerotic disease consisting of fatty streaks and uncomplicated plaques along its intimal surface.

RESPIRATORY SYSTEM:

The right lung weighs 950 grams. The left lung weighs 925 grams. The pleural surfaces are dark purple to tan and have moderate anthracotic pigmentation. The parenchyma is deep red-brown, mildly firm, and has consolidations of the lobes and no nodules or neoplasm. Pink, frothy fluid is expressed from the lung parenchyma. The tracheobronchial tree arborizes in a normal pattern and is free of mucous plugs. The pulmonary vasculature has no thromboemboli or atherosclerosis.

HEPATOBIILIARY SYSTEM:

The liver weighs 3600 grams. The capsule is intact and smooth. The parenchyma is red-brown, moderately firm, and has no neoplasm, nodules, or necrosis. The gallbladder has a smooth, glistening serosa, a normal, velvety, green mucosa, and contains approximately 10 cubic centimeters of viscid, green bile.

LYMPHORETICULAR SYSTEM:

The spleen weighs 550 grams. The capsule is intact and translucent. The parenchyma is soft and has no neoplasm, nodules, or necrosis. The white pulp is unremarkable. There is no lymphadenopathy. The thymus is not visible.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 250 grams and 250 grams, respectively. The capsules are intact and translucent. The cortical surfaces are smooth and have no cysts or nodules. The parenchyma is red-brown, has distinct corticomedullary junctions, and has no neoplasm, nodules, or necrosis. The calyceal-pelvic system is unobstructed and not dilated. The pelvic mucosa is smooth and glistening. The ureters are normal in course and caliber to the urinary bladder and have no neoplasm or obstruction. The urinary bladder is lined by white-tan, smooth mucosa without neoplasm or hemorrhages and contains no urine.

The prostate gland is not enlarged and has a homogenous, white-tan parenchyma without neoplasm, nodules, or necrosis.

GASTROINTESTINAL SYSTEM:

The tongue has no bite marks, hemorrhages, or neoplasm. The esophagus is patent and has a white mucosa without tears, ulcers, strictures or neoplasm. The lower esophageal mucosa is white and distinct. The stomach is empty. The stomach serosa is smooth and the mucosa has no hemorrhages, ulcers, or neoplasm. The small and large intestines exhibit a patchy gray green to

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dark green serosa and are free of palpable neoplasm, diverticula, or ischemic changes. The appendix is normal. The rectum is filled with green, pasty stool.

ENDOCRINE SYSTEM:

The thyroid gland is not appreciated. The pancreas has a tan-brown, lobular parenchyma without neoplasm, nodules, cysts, fibrosis, hemorrhage or necrosis. The adrenal glands have thin, yellow-brown cortices and gray medullae.

MUSCULOSKELETAL SYSTEM:

There are fractures of the cervical, thoracic and lumbar spine as previously noted. There are no fractures of the clavicles, sternum, ribs, or pelvis detected. The skeletal muscle uninvolved by injury exhibits areas of fatty replacement and is tan in coloration.

MICROSCOPIC EXAM:

Heart: A section reveals perivascular and interstitial fibrosis. There is mild myocyte hypertrophy.

Lung: Sections reveal an acute pneumonia with neutrophils filling the alveolar spaces in 5/5 sections. There is atelectasis, edema, anthracotic pigment deposition and acute vascular congestion present.

Liver: A section reveals mild steatosis, variation in the nuclear size and shape of the hepatocytes, and sinusoidal congestion predominately around the central veins.

Brain: Sections reveal intraparenchymal hemorrhage, vascular congestion and gliosis. A section of dura reveals no significant histopathologic abnormalities.

Skin and soft tissue: A section reveals patchy chronic inflammatory infiltrates at the epidermal – dermal junction and apoptotic cells in the epidermis. ㄥ

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FINDINGS:


1. Complications of blunt force injuries.
 - a. Clinical history of a cervical spinal cord transection at level of cervical vertebra # 4.
 - i. Clinical history of quadriplegia.
 - ii. Clinical history of surgical intervention.
 - iii. Clinical history of ventilator dependence.
 1. Clinical history of pneumonia and respiratory failure.
 - b. Fracture of Cervical vertebra #7
 - c. Clinical history of lumbar vertebrae #1 and #2 fracture.
 1. Transection of the spinal cord at the level of lumbar vertebrae #1 and #2.
 - d. Left humeral fracture.
 - e. Extensive surgical intervention.
 - i. Wound infection along back.
2. Clinical history of ankylosing spondylitis.
 - a. Marked kyphosis and lordosis of the spinal column.
 - b. Osteophytes present along spinal column.
3. Hypertensive and atherosclerotic cardiovascular disease.
 - a. Cardiomegaly.
 - b. Left ventricular hypertrophy.
 - c. Coronary atherosclerosis.
 - d. Atherosclerotic changes of the aorta.
 - e. Hemorrhagic stroke.
 - i. Intraparenchymal hemorrhage of the right parietal lobe of the brain and the pons.
4. Obesity (BMI = 43.5).
5. Pulmonary congestion and edema. 

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CONCLUSION:

Based upon the history and autopsy findings, it is my opinion that the decedent died as the result of complications of blunt force trauma with a significant contributing factor of ankylosing spondylitis.

MANNER:

Homicide.


KENDALL V. CROWNS, M.D.
Deputy Medical Examiner


Date Signed: 12-15-14


KATHERINE CALLAHAN, MD.
Deputy Medical Examiner

Date Signed: 12/18/2014


VICKIE L. WILLOUGHBY, D.O.
Deputy Medical Examiner

Date Signed: 12-18-2014


LEISHA E. WOOD, M.D.
Deputy Medical Examiner

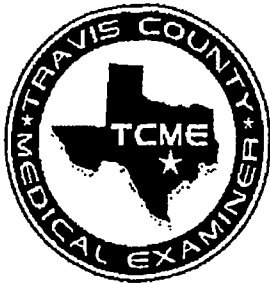
Date Signed: 12-16-14


SATISH CHUNDRU, D.O.
Chief Medical Examiner on an Interim Basis

Date Signed: 12/17/14

KVC: eg

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**TRAVIS COUNTY OFFICE
OF THE MEDICAL EXAMINER**

1213 Sabine Street PO Box 1748 Austin, TX 78767
Tel: (512) 854-9599 Fax: (512) 854-9044
www.co.travis.tx.us/medical_examiner

Toxicology Report

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Sullivan, William Slade

Pathologist : Dr. Kendall V. Crowns

Date Completed : 9/10/2014

<u>Assay/Specimen</u>	<u>Substance</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>
ACID/NEUTRAL DRUGS				
Blood, femoral	Levetiracetam	Detected		GC/MS
ALKALINE DRUGS				
Blood, femoral		ND		GC/MS
ETHANOL/VOLATILES				
Blood, femoral		ND		Headspace GC/FID
IMMUNOASSAY				
Blood, femoral	Amphetamine	ND		ELISA
Blood, femoral	Barbiturate	ND		ELISA
Blood, femoral	Benzodiazepine	ND		ELISA
Blood, femoral	Cocaine Metabolite	ND		ELISA
Blood, femoral	Fentanyl	ND		ELISA
Blood, femoral	Opiate	ND		ELISA
Blood, femoral	Oxycodone	ND		ELISA
Blood, femoral	Cannabinoid	ND		ELISA
OPIATES				
Vitreous		ND		GC/MS

ND = None Detected UFA = Unsuitable for Analysis

Comment:

[Signature]

Brad J. Hall, Ph.D., DABFT, Chief Forensic Toxicologist

[Signature]
Medical Examiner
9.19.14